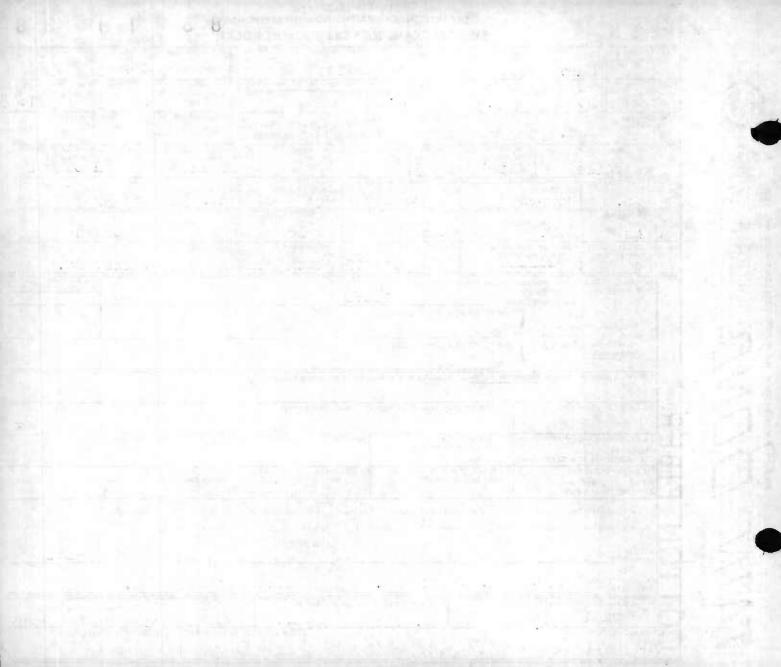
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	be executed wit	an and complete
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OK ATTENDIN e hospitol or DIRECTOR: Af oched for use o	T; If Ifem 21 is mo		22a. I certify that (I) ( sow the decease obove, (I) (we) (d) 22b. SIGNATURE  22d. PHYSICIAN'S NA	this hospit d olive on id) ded not	view the body	1.	C	d that in (my) (our) opin DEGREE ATTENDINI PHYSICIAI  270 ADDRESS	GAAEDICA	AL STAFF	hour and from the	that (i) (we) lost couses stated
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Singleton Funeral Home Maryland

FOR - STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

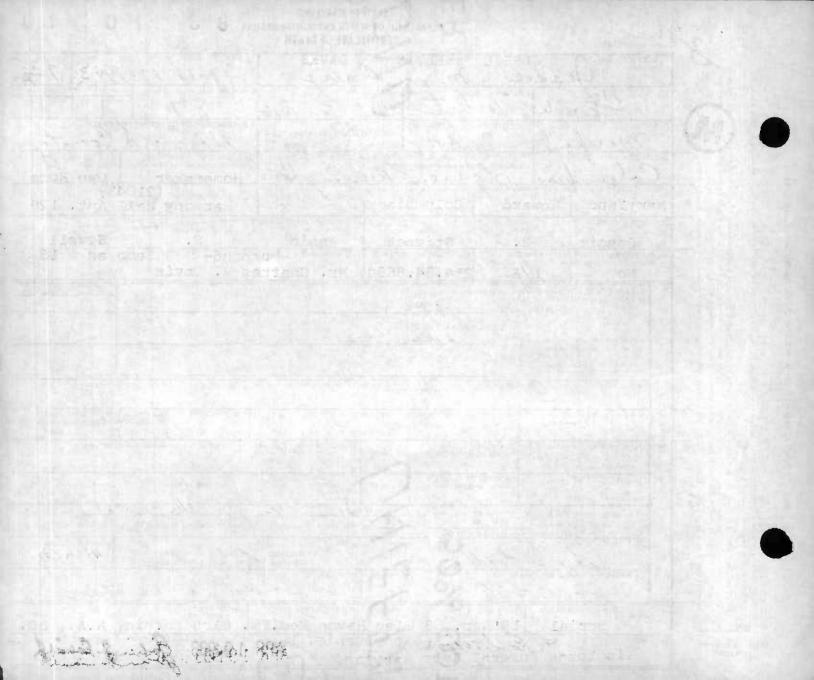
DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAVIS

REG. NO. . 20. DATE OF DEATH 2h HOUR IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Own Home (21043 Harmony Hall Apt. 126 Sewell APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ COUNTY STATE 22c. DATE SIGNED



•	Adeath. Page 4 may be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs aftgradeath. Page 4 may be retained by the haspital or attending physician.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

10		1 -	FOR STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		107	41
	1		CEASED NAME FIRST	MIDDLE		LAST	REG. NO		HOUR
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may page	1	SEX		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY] IF UNDER I YEAR IF	UNDER 24 HRS
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eath. Po	35		RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF HOWARD COL	COUNTY OF DEATH	MD.
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n and co	2	6α W (Y	(IF YES, GIV	E WAR OR DATES)	031	MARY E. GRIF		TORCH WOODS #	
equires that the death certificate signed by the attending physics then please remove carbon paper to burial, cremation, or removal, injury, or other traumatic event, the		Z	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	nly one cause per line for (a), (b), or (b) BY:  TE CAUSE (a)  DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF	En Shy San	INAL DISEASE OR COND	ITION GIVEN IN PART 1(0)	
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Phys phys of Hy	-		2   a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER)		AY YEAR	21c. HOW INJURY OCCUR		( IN ITEM 18, PART 1 OR PART 2)	
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OR ATTENIOR has parted by DIRECTOR: Dept of He bent of			sow the deceased alive on above, (1) (we) (did) (did no 22h. SIGNATURE	CProdems	c 2		, to	te and hour and from the courter of	
TO HOSPITAL retained by th TO FUNERAL should be dett with the State			22d. PHYSICIAN'S NAME (TYPEO	C. Prada		93 to D4 1	4. Rex. 1 F.	Ke Econs	21043
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we by	CERTIFICATION	198 DATE OF OPERATION	148 CONL	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	ISES OF DEATH?
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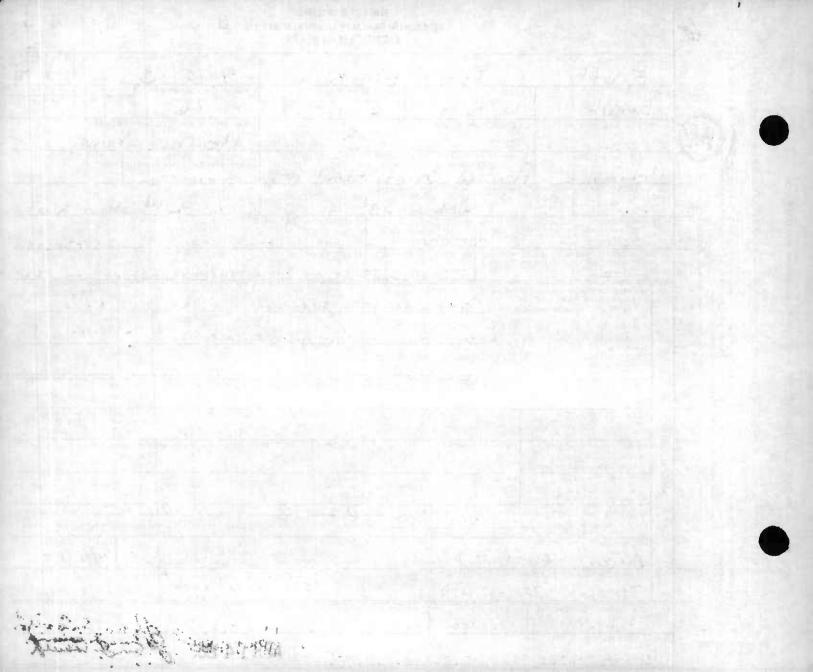
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤱 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2a DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT! 1:28 4 ELLICOTT ESTHER 8 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR UNDER 24 HRS November 24. 1915 67 White Female **BALTIMORE CITY OR COUNTY OF DEATH** O BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Nebraska Howard County WIDOWED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Howard County General Hospital Columbia Retired Secretary BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b HOWAT'd 13d INSIDE CITY LIMITS? 5483 Woodenhawk Circle Maryland Columbia 21044 YES T NOF I FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE late Matilda late Earl Ellicott 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) LIFYES, GIVE WAR OR DATES! Gary Fisher 1405 6th St N.W. Wash. D.C. 505 18 6411 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and c PART I. DEATH WAS CAUSED BY Acure Tubular Wecrosis DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., Wesks IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Tailure. Coshicking hung Discon Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last Emphysend 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PAA 19 216. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 8 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK much 22a.1 certify that (1) (this haspital) attended the deceased from, 1300pl Z sow the deceased alive an\_ above, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING uld be the State APORTANT: PHYSICIAN DIRECTOR PHYSICIAN FUNER 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Hickory Kidge Kel, Columbia hod. 23g BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE 6183 Burial Apl. Harrison Cemetery Crawford, Nebraska BP BY REGISTRAR 258 REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 H Witzke 4112 Columbia Rd SEllicott City (VR A 15 (4))

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STATE OF MARYLAND



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r, BALTII	18 CAUSE OF DEATH (Enter onl) PART I, DEATH WAS CAUSEI	y one couse per line for (a), (			COLDON	719 11111		ONSET AND DEATH
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STATE OF MARYLAND

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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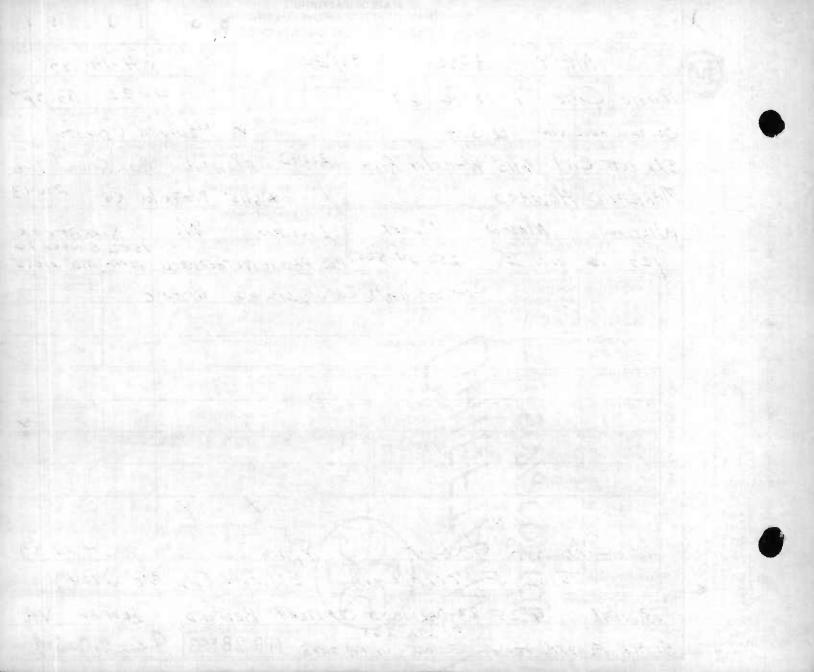
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

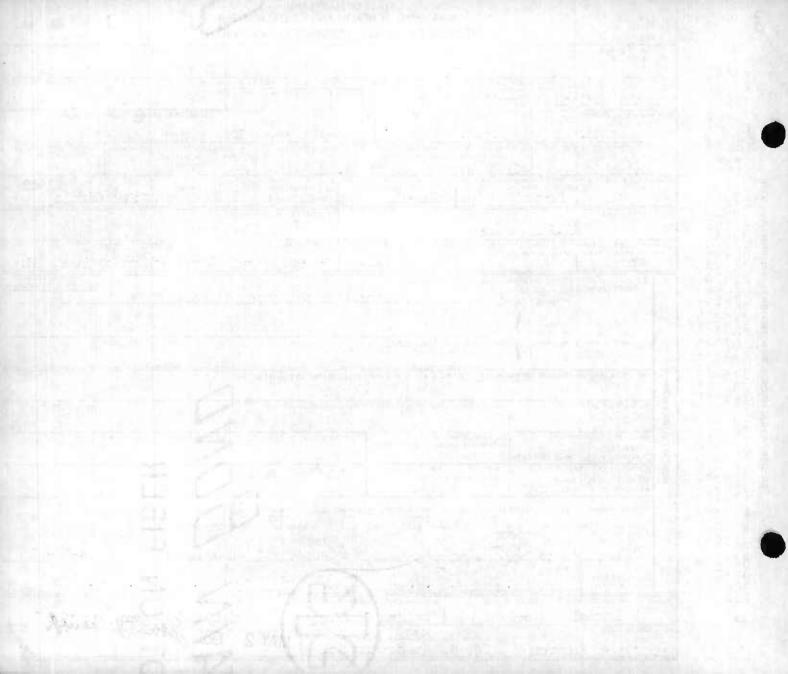
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		23a.B	URIAL, CREMATION, REMOVAL	23b. DATE 4-25-83	CAKWOO	D CEMETERS	BEDFORT	RED	FURP STATE	A
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J4. I	FATHER'S NAME	Willia	m Johnson	ŁAST		15. MOTHER'S MAID		MIDD			ı	AST	
160	WAS DECEASE YES, NO, OR UNKNO	DEVER IN U.S. A		16b. SOCIAL SECUR	ITY NO.	17. INFORMANT			ADDRESS	Bo	x 32		y 10
L'	NO OR UNKNO	(WN) [IF YES, GI	VE WAR OR DATES)	219-22-7	124	George Ho	ward	(Broth	ner) B				Md.
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1 B	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION V	/AS PERFORMED?					20 A	UTOPSY	(?
RTIF	21a EXTERNA	L CAUSE WAS	21b. TIME OF	F IN II IPY	121, H	OW INJURY OCCURR	ED ASSISTED NA	TURE OF BUILDIN	AND ITEM TO D	491 I OR 8		ES 🗌	NO X
MEDICAL CERTIFICATION	UNDERLYING		HOUR A.M	MONTH DAY YEA	AR	O. HAJORI OCCORR	IL TENTER MA	OUT OF BATORS		ALT TORP	nn1 41		
MEDI	214 INJURY O	NOT WHILE AT WORK		OF INJURY   AT HOME, TORY, FARM, ETC.)		CATION		CITY OR FOWN		cc	OUNTY		STATE
23g.	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	ed from: Not	nn M. Dixo	A	Suicide	Homicide Title (SPECIFY) A.D. ASSISTAN ADDRESS 111	Undeter		er .	DATE SIGN	ED 4	-28- 2120	
	Bu	rial	5-2-83	Hopkins		etery	Hig	hland	7 How	ard,	Mar	yla	nd
24.	FUNERAL DIREC	TOR	ADDRES	Rockville,	Md.	20850 250 DATE	REC'D. BY	583RAR	yo-ligh	Thomas	SKINAT	ORE !	
10	eorge F	. Snowde	en 246	N. Washing	gton :	St.							

20M 4/82



NEST FRIENDSHIP MO 31794

STATE OF MARYLAND

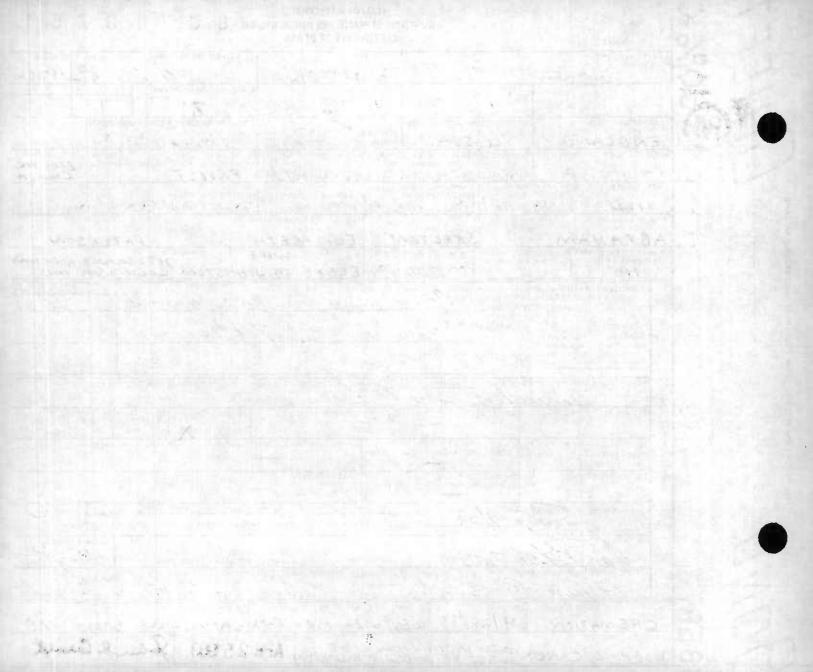
FOR

ARYLAND 2120

DIVISION OF VITAL RECORDS,

(VRA 15 (4))

JOSEPH L. CANBY

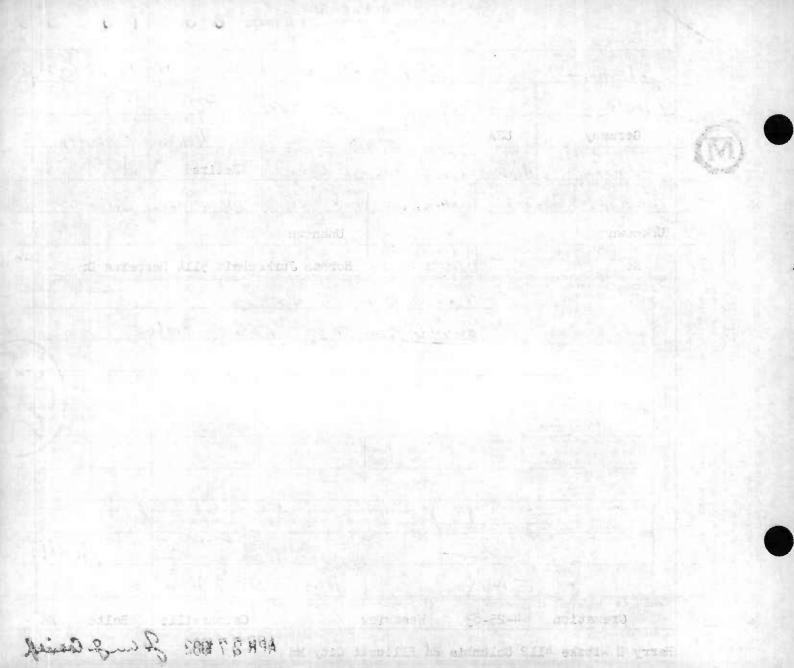


STATE OF MARYLAND

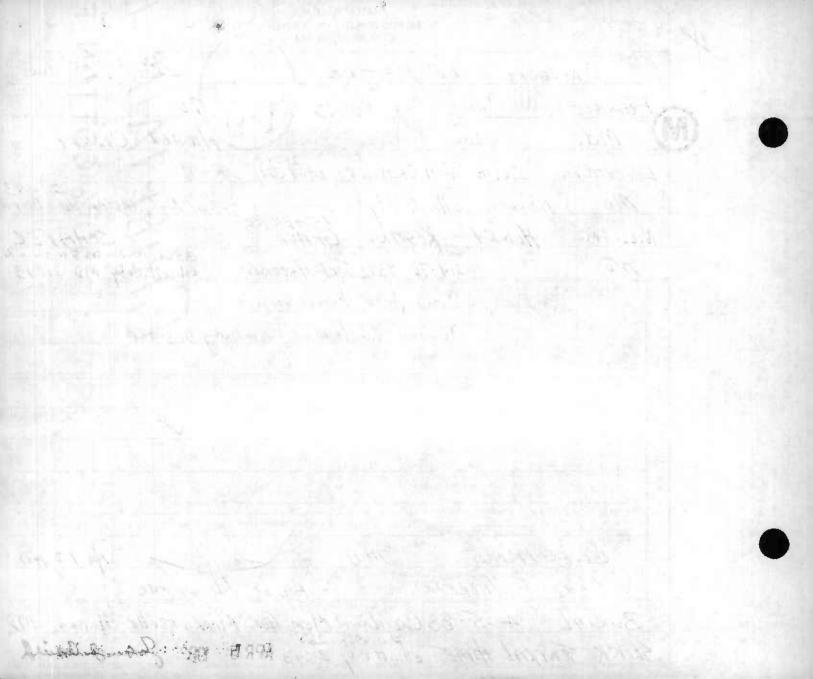
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- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



M	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3	0 / 5 4
		PRINT) CATHER		ESTING	2a. DATE OF DEATH MONTH	DAY JEAR 26 HOUR M
	SEX	EMALE	Cosuc	5. DATE OF BIRTH  MONTH DAY  YEAR  1913	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
M	)	Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	HEWARD	COUNTY MD.
Total I	E	VORTOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HENOT IN SUCH FACILITY, GIVE STREET 3361-1	ADDRESSI ADDRESSI ATLAN Rd Ellett Cil	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING )	126 KIND OF BUSINESS OR INDUSTRY
60	USU A 13a. S	ATEMO 136 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOY WARD EMICOT	FADMISSION) 134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS N. CN	HITHAM RO APTI
undiana 3	A FA	ILLIAM	TENEY KES	TING GARDON	MIDDLE	SCHAFEL
medical			MED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 214-76	4392 EARL HARRIS	on Ellipott C	North Chathan R
injury, or ather traumotic	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUION (c) CONDITIONS CONTRIBUTING TO	2 Obstructive Par	(monety ), seaso	
12	CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	MN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO NO
E C		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR  19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
rkedor	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
lem 21 is mo		sow the deceased alive on	ital) ottended the deceased from		death accurred on the date and ho	, 19, that (I) (we) lost our and from the couses stated 22c. DATE SJGNED
MPORTANT: IF I		BON FIRE (TYPE C)	Monton PARINII MORTON	M. D. ATTENDING PHYSICIAN ( 220 ADDRESS Sr. Agive.	MEDICAL STAFF  DIRECTOR PHYSICIAN	Apr. / 2, 1483
≥ 1	23a B	BURINE BURINE	23b. DATE 4 - 5 - 83 C	NAME OF CEMETERY OR CREMATORY	23d LOCATION WITTOWN WARRIOTSVILLE	thunked "MD
/81	74 FU	LACK FIND	ent Home EN	N. U. OUN LOS	PR 5 1982	TRAR'S SIGNATURE



				517	TE OF MARYLAND		400	
	1-	FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
2		REGISTRAR FASED NAME EIRST	M		NER'S CERTIFICA		REG. NO.	
/)		OR PRINT)		WIDOLE	ŁAST		OF ESTI-	MONTH DAY YEAR 26 HOUR
FILES IOURS TREET,		Hube		0.	Mason		DEATH MATED	4 1619 83 M
STACE	3. SE)	4. RACE	5. DATE OF BIRTH	YEAR LAŞT BIRTHI		UNDER 24 HRS. 2c.	DATE ONOUNCED	MONTH DAY YEAR 4 HOUR
		Ale BIACK	Sept. 19.	1934 48	RS.		DEAD	4 16 19 83 a. M
10	Jan Bi FO	REIGN COUNTRY)	76. CITIZEN OF	VHAT COUNTRY?	8. MARRIED NEVER	R MARRIED . 9		COUNTY OF DEATH
1	/	11kl.	U.	S. A.		DIVORCED .	Howard	
11	NO CI	Y OR TOWN OF DEATH		DSPITAL, NURSING HOM	E, OR OTHER INSTITUTIO		OCCUPATION (TYPE OF TOF WORKING LIFE)	DE WORK 12b. KIND OF BUSINESS OR INDUSTRY
		lkridge	6530 Me	adow Ridge F		Fene	e Builder	2 Construction
2	13a S	L RESIDENCE (IF IN NURSING HOME ATE 136, QOU		GIVE RESIDENCE BEFORE ADMISS	13d INSIDE CITY L	ear II3e. STREET	ADDRESS	2/227
		I'ld. Ho	WARD	Elkridge		NO 🗌		
4 21	14. FA	THER'S NAME	MIDDLE	n LAST	15. MOTHER'S	S MAIDEN NAME	WIDOLE	LAST
20		Hubert	K.	MASON	CI	Atherine		-lones
1	16a. V	AS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURI		NT	ADDRESS	
		No !	-	2163055	03 Dorott	by MASO	n Syki	esville, Mc.
		18 CAUSE OF DEATH (Enter of	nly one cause per li		THE STEP	0	9	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
À.		PART I DEATH WAS CAUS	:D BY: ATE CAUSE (a)	Smoke and S	Soot Inhalat	ion	LEAD WILL	
MENTAL HYGIENE, N, OR REMOVAL	>	8702		R AS A CONSEQUENCE	OF			
R REMO		Canditians, if any, which						
N S		couse (o) stating the under lying couse last.	DUE TO, O	R AS A CONSEQUENCE	OF			
EMATION,	27		(c)			1000		
WAT		PART 2 OTHER SIGNIFICANT CONDITION	CON) RIRUTING TO DEAT	H BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 1 (a).		
E SE	CERTIFICATION							
1	CAT	19a. DATE OF OPERATION	196. CONE	DITION FOR WHICH OPE	RATION WAS PERFORME	D?		20 AUTOPSY?
3	RTIF						100	YES NO XX
2	CEI	210 EXTERNAL CAUSE WAS	HOUR A.	DF INJURY M. MONTH DAY YEA	R 21c. HOW INJURY OC	CCURRED (ENTERNAT	URE OF INJURY IN ITEM 18 PA	RT T OR PART 2)
5	ICA	CONTRIBUTING CAUSE OF			3 subject r	ecovered	from fire	in shed
I PRIOR TO BURIAL, CREM	MEDICAL	21d INJURY OCCURRED  WHILE DOT WHILE	STREET FA	OF INJURY (AT HOME,	211 LOCATION STREET		ITY OR TOWN	COUNTY 'STATE '
2		AT WORK AT WORK	KX	Home	6530 Mead	low Ridge	Rd., Elkrid	lge, Howard Co., Md.
911		22a. I certify that I took cho	ge of the remoins d	escribed obove, held an	Autopsy . In	nspection XX	Inquiry , and	in my opinian
FA S		deoth resulted from Nat	ural causes	Accident XX. S	vicide	Undetern	nined manner ,	
WIT		61	1	71 4	7 ITLE (SPEC	CIFY)		
AH.		SIGNATURE LOUIS	will 1/2	meson.	MAND Assis	stant MEDICA	AL EXAMINER	DATE 4-16-83
SEA SEA	/	EVANIBLEDIC MAME	V.	- //				
TO FUNERAL DIREC AFTER DEATH, WITH BALLMORE, MARY		(TYPE OR PRINT) D	ennis F.	Smyth, M.D.	ADDRESS	III Penr	Street	
PA A	23a. B	IRIM, CREMATION, REMOVAL		230 NAME OF CE	METERY OR CREMATORY	Y 23d. LOCA	ATION A	COUNTY, A STATE
		Dirial	4-21-8	3 Johnson	4 Centre	Sy	Keszelle C	appell Ind.
1 - 17	24. F	INERAL DIRECTOR	JI ABORD	s III M		DATE REC'D. BY R		TRAR'S SIGNATURE
AE (5))	N	army W. Hara	it syl	wille Tha		APR 211	983 Joa	no Comich
4/82								



		REGISTRAR CEASED NAME	FIRST	M	MIDDLE	EXAMIN		ERTIFIC	CATE OF			REG. NO			
2		E OR PRINT)								20	OF	NOWN X		DAY YEAR	76 HOU
W PRESTON STREET	3. SEX	4 RAC	THEODO		BRIAN	6. AGE (IN Y		ORSE	1	11122 0	DEATH A	AATED [	MONTH.	6 1983 DAY YEA	
16			A	DATE OF BIRT	Y YEAR	LAST BIRTH	DAY) MONTH		IF UNDER 2		DATE	ED			5:37
-	Ma.	RTHPLACE (STATE OR		an. 31,			rs.			9	DEAD	RE CITY O		6 1983	l p
35	FO	reign country)		SA		INTE	WIDOW		VER MARRIEI DIVORCEI	DX			-	TO DEATH	
17	1000	TY OR TOWN OF DEA		NAME OF H		JRSING HOM	E, OR OTH					d Cou		12b. KIND OF	BUSINESS
		Columbia	L.		_	on. Hos			1	Stud	st of working	4G LIFE)		High So	hool
5/		L RESIDENCE (IF INNI	URSING HOME OR OT		GIVE RESIDENCE	E BEFORE ADMISS	ION)							13.	
3	130 S	ryland	Howard		E11	or town	City	13d INSIDE C	NO X	401	O Fon	t Hil	1 Dr	ive 210	43
21	14. F.A	THER'S NAME		IDDLE		LAST		15. MOTHE	R'S MAIDEN	NAME	MID	DIF		LAST	
1		Theodore	W		Mor	se			tricia		E			Gillan	
		VAS DECEASED EVER	(IF YES, GIVE WAR			76-841			MANT E					1043 Hill 0	-
		10					U	Hieo	dore #	, MO	rse,	40 10	runt		
		18 CAUSE OF DEAT					Contract	1							SET AND DEAT
		4775	IMMEDIATE C	AUSE (o)		ac arr		1 7							
		Conditions, if	any which	DUE TO,	OR AS A CO	NSEQUENCE	OF								
		gave rise to	immediate	(b)											
2		lying cause last.		DUE TO, O	OR AS A CO	NSEQUENCE	OF								
	4			(-)											
		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONT	PIRITING TO DE	TH BUT NOT BE	ATEN TO THE TER	MINAL DICEACE	OR CONDITION	N CHIEN IN BART	7					
	Z	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONT	RIBUTING TO DEA	NTH BUT NOT REL	ATEO TO THE TER	MINAL OISEASI	OR CONDITION	N GIVEN IN PART	T (g).					
+	ATION	PART 2 OTHER SIGNIFICAN				ATEO TO THE TER	100			Ticl.				20 AUTOPS	Y?
+	IFICATION						100			Ticl.					
+	CERTIFICATION	19a DATE OF ÖPERA 21a. EXTERNAL CAU	ATION JSE WAS	19b. CON	OF INJURY	WHICH OPE	RATION W	AS PERFOR			TURE OF INJUR	RY IN STEM TS P	ART I OR PA	YES 😿	
+	CAL CERTIFICATION	19a DATE OF OPERA	ATION USE WAS OR	19b. CON	OF INJURY	WHICH OPE	RATION W	AS PERFOR	MED?		TURE OF INJUR	IY IN ITEM T8 P	ART I OR PA	YES 😿	
+		190 DATE OF OPERA  210. EXTERNAL CAU  UNDERLYING  CONTRIBUTING  IN INITIAL OF THE	ATION USE WAS OR CAUSE OF DEA	27b. TIME HOUR A	OF INJURY A.M. MONTH	H DAY YEA	RATION W	AS PERFOR	MED?	LENTER NA				YES X	NO 🗌
+	MEDICAL CERTIFICATION	190 DATE OF OPERA  210. EXTERNAL CAU  UNDERLYING  CONTRIBUTING  IN INITIAL OF THE	ATION USE WAS OR CAUSE OF DEA	27b. TIME HOUR A	OF INJURY A.M. MONTH	H DAY YEA	RATION W	AS PERFOR	MED?	LENTER NA	TURE OF INJUR			YES 😿	
+		210. EXTERNAL CAU UNDERLYING CONTRIBUTING 21d INJURY OCCUR WHILE NOT AT WORK AT W	OR CAUSE OF DEA	19b. CON 21b. TIME HOUR A TH P 21e PLAC STREET, F	OF INJURY A.M. MONTH P.M. E OF INJUR ACTORY, FARM,	H DAY YEA  19 Y (AT HOME,	RATION W	AS PERFOR	MED?	LENTER NA	CITY OR TOWN	v	co	YES 🗶	NO 🗌
+		210. EXTERNAL CAU UNDERLYING CONTRIBUTING 21d INJURY OCCUR WHILE NOT AT WORK AT W	OR CAUSE OF DEA	19b. CON 21b. TIME HOUR A TH P 21e PLAC STREET, F	OF INJURY A.M. MONTH P.M. E OF INJUR ACTORY, FARM,	H DAY YEA  19 Y (ATHOME,	RATION W 2Tc HC 2Tf. LO	AS PERFOR	OCCURRED	LENTER NA	Inquiry	one		YES 🗶	NO 🗌
+		210. EXTERNAL CAU UNDERLYING CONTRIBUTING 21d INJURY OCCUR WHILE NOT AT WORK AT W	OR CAUSE OF DEA	19b. CON 21b. TIME HOUR A TH P 21e PLAC STREET, F	OF INJURY A.M. MONTH P.M. E OF INJUR ACTORY, FARM,	H DAY YEA  19 Y (ATHOME,	RATION W	AS PERFOR	OCCURRED	LENTER NA	CITY OR TOWN	one	co	YES 🗶	NO 🗌
+		210. EXTERNAL CAU UNDERLYING CONTRIBUTING 11 INJURY OCCUR WHILE NOT AT WORK AT W  220   certify that death resulted from	OR CAUSE OF DEA	19b. CON 21b. TIME HOUR A TH P 21e PLAC STREET, F	OF INJURY A.M. MONTH P.M. E OF INJUR ACTORY, FARM,	H DAY YEA  19 Y (ATHOME,	RATION W  216. HC  216. LO  5  Autop:	AS PERFOR	OCCURRED  Inspection ide	LENTER NA  Undeter	Inquiry [	oner .	co d in my op DATE	YES X	NO STATE
+		19a DATE OF OPER,  21a EXTERNAL CAU UNDERLYING CONTRIBUTING 21d INJURY OCCUR WHILE NOT AT WORK AT W  22a   certify that death resulted from	OR CAUSE OF DEA	17b. CON  27b. TIME HOUR A  TH  21e PLAC STREET, F	OF INJURY A.M. MONTH P.M. E OF INJUR ACTORY, FARM, described ob Accident	H DAY YEAR  19 Y (ATHOME, ETC.)	RATION W 2Tc HC 2Tf. LO	AS PERFOR	Inspection cide   PECIFY	Undeter MEDIC	Inquiry Emined man	oner .	d in my op DATE SIGNE	YES (X)  PUNTY  PINION	STATE
+		210. EXTERNAL CAU UNDERLYING CONTRIBUTING 11 INJURY OCCUR WHILE NOT AT WORK AT W  220   certify that death resulted from	OR CAUSE OF DEA	19b. CON 21b. TIME HOUR A TH P 21e PLAC STREET, F	OF INJURY A.M. MONTH P.M. E OF INJUR ACTORY, FARM, described ob Accident	H DAY YEAR  19 Y (ATHOME, ETC.)	RATION W  21f. LOO 5  Autopuicide	AS PERFOR	Inspection cide   PECIFY	Undeter  MEDIC	Inquiry [mined man	oner	DATE SIGNE	YES X  DUNTY  PINION  ED 4-7-  Md. 212	NO □  STATE
BALIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVA	WEDICAL 23° BI	19a DATE OF OPERA  21a. EXTERNAL CAU  UNDERLYING  CONTRIBUTING  21d INJURY OCCUR WHILE NOT AT WORK AT W  22a I certify that death resulted from	ATION  JSE WAS  OR CAUSE OF DEA  RED  WHILE VORK  I took charge of m: Natural c	19b. CON  21b. TIME HOUR A  TH P  21e PLAC STREET, F	OF INJURY AM. MONTH AM. MONTH ACTORY, FARM, described ob Accident	H DAY YEAR  19 Y (ATHOME, ETC.)	RATION W  21f. LOO  21f. LOO  S  Autopuicide   MATERY O	AS PERFOR	Inspection (ide ) PECIFY) Istant DRY	Undeter  MEDIC	Inquiry [mined man	oner	DATE SIGNE	YES (X)  PUNTY  PINION	NO □  STATE

State of the state heurs what its increase a way from all the Embel bootype The sea of the season of the s 215-1 -EAT . Thomass d. Loren, Wille In Little on on, "weld" ... alique nint and the After Selvent Fortist Home 210:5 10:5 LAFFE SE lely filled in by the funeral di 2 shauld be filed within 72 ha

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

-	FOR STATE REGISTRAR	DEPARTN		FICATE OF DEATH	REG. NO.	0/5/
	1. DECEASED NAME FIRST (TYPE OR PRINT) Sister Bruno	MIDDLE		LAST	20. DATE OF DEATH MONTH DA	12 11001
			Mull			17,198B M
	3. SEX	4 RACE	5. DATE O			UNDER I YEAR IF UNDER 24 HAS
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Ireland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF HOWARD	DF DEATH MD.
)	Marriottsville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / BON Secours Pro	GHOME C NDDRESS) VINCI	al House	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired	126. KIND OF BUSINESS OR INDUSTRY
5	PUSUAL RESIDENCE (IF NURSING HOME OR 13a STATE Md. 13b COUN HOW	other institution give residence before NTY ard NTO Marriotti	admission) Svill		13. STREET ADDRESS 1525 Marriottsvi	lle Rd / 104
	atener's NAME William Hen:	ry Mullen		Catherine	AÉ MIDDLE	Shehan
,	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUR	-1	17 INFORMANT Sister Justin	ADDRESS ne Cyn,1525 Marrio	otteville Pd
	PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), one D BY:  E CAUSE (b)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	NCE OF	Cardiac Cancostre	brest Factor	gears years
2	PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER 2. O	ONDITIONS CONTRIBUTING TO D			PAL DISEASE OR CONDITION GIVEN  200 AUTOPSY?  100 ERTIFYI  YES NOW YES	
1	ABOUT STANDARD STANDA	TH HOUR A.M. MONTH DA	19	21c. HOW INJURY OCCURRI 21c. LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)  COUNTY STATE
+	AT WORK AT WORK	n view the body offer death.		d that in (my) (and opinion d DEGREE  ATTENDING PHYSICIAN 2  22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	25, that (II (ma) lost and from the couses stated  27c. DATE 9IGNED  4/19/83
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			EMETERY OR CREMATORY athedral	Baltimore	COUNTY Md STATE
	24 FUNERAL DIRECTOR HATTY H Witzke	4112 Columbia R	d,Ell		22 1983 Security	J. Cohurch

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital ar

BP.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detached for use as the burial-transit permit. Then please remaye a with the State Dept. of Health and Mental Hygiene priar ta burial, cremation,

MPORTANT: If Hem 21 is marked ar Hem 18 sh

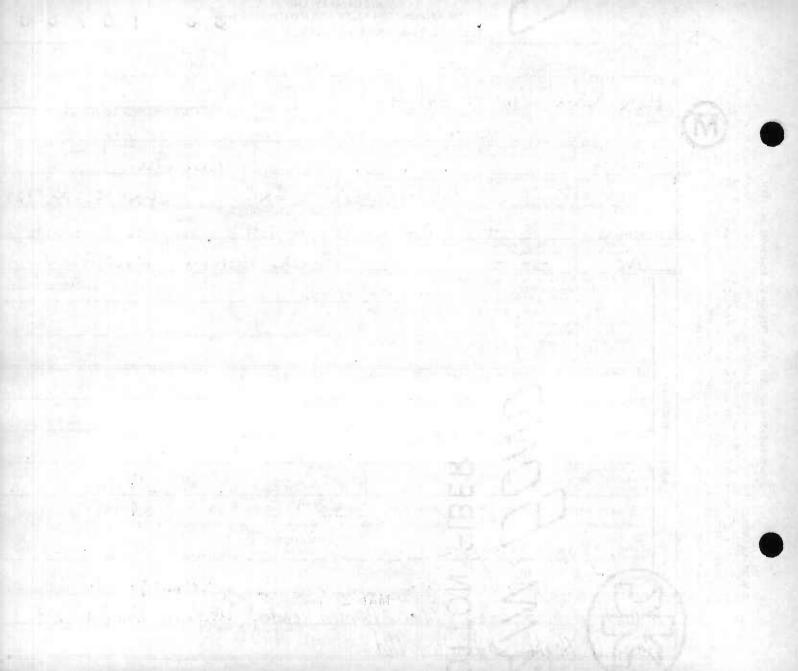
Apart 17,1983			C. 13/28	15.13
	2607 II 200			4
t-Texall .		4.9		Finding :
lectres	inglei Howse	res. 1200mi na	E Laftia	
The milly appolarest [8]	alliy	mod lettel be	Hoval	4
	LA SE Carling Le	- Tenffant	ymei	mailin
elijvanjeletan (ESL.ov) :				

	10	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3
	. e e	DECEASED NAME FRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR TYPE OF PRINT) AUBLEY L. MULLINS 4 15 83 1/20
	M	MALE WHITE OF OF 97 B5 YRS MONTHS DAYS HOLKS MIN
	Jeoth #	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)  NEVER MARRIED NEVER MARRIED HOWALD  MIDOWED DIVORCED MIDOWALD  METHODOLOGY  MARRIED NEVER MARRIED HOWALD
201	by the fu	COLUMBIA  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT PEOF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORK FO
AND 21	filled in rould be	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  136 COUNTY  136 CITY OR JOWN  136 INSIDE CITY LIMITS?  YES NO NO NO NO NO NEET ADDRESS  (66 14 All VIEW DRIVE)
MARYL	ompletely ond 2 si	FATHER'S NAME  Late James D Mullins Last  Late Elizabeth E MIDDLE Floyd  Last
I MORE,	on ond co	was deceased ever in u.s. armed forces? 166 social security no 17 informant address (165 social security no 212-03-1282 A Mrs Marie Mullins 6614 Allview Dr, Columbia
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	he death certificate he ottending physici emove corbonpaper motion, or removal. r traumotic event, th	18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  5335 IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), storing the  DUE TO, OR AS A CONSEQUENCE OF
CORDS, 201 W.	aw requires that the been signed by the min. Then please only injury, or other	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o
N OF VITAL RE	SICIAN: The Ing physicion. certificate hos vial-tronsit per entol Hygiene litem 18 shows	196 DATE OF OPERATION 3.83 PERFORATE) PEPTIC ULCER YES NOW NEETINJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. ACCIDENT WAS UNDERLYING NOW NOTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY (IF INDEX MEDICAL EXAMINER) 216. PLACE OF INJURY (IF INDEX MEDICAL EXAMINER) 216. PLACE OF INJURY (IF INDEX MEDICAL EXAMINER) 217. PLACE OF INJURY (IF INDEX MEDICAL EXAMINER) 218. PLACE OF INJURY (IF INDEX MEDICAL EXAMINER) 219. PLACE OF INJURY (IF INDEX MEDICAL EXAMINER) 3. STATE 3. SO TO THE VIOLATION STREET CITY OF TOWN COUNTY STATE
DIVISIO	G PHY attend er this the bi	AT WORK
•	OR ATTENI he hospital DIRECTOR: oched for us Dept. of He if them 21 is	220. I certify hat (I) (this hospital) amended the deceased from 19 5 that (I) (we) lost saw the deceased alive an 19 5 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) well the body often seath)  22b. SIGNATURE.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE
	TO HOSPITAL retoined by th TO FUNERAL should be dete with the Stote	KETTH FACAS 220 30555 Welkens Ave. 21229
	BP	Burial 236. Date 236. Name of Cemetery or Crematory 236. LOCATION CITY OR TOWN COUNTY STATE Mulberry, Tenn Mulberry Lincoln Tenn
	DHMH - 16 60M 1/75 (VR A 15 (4))	FUNERAL DIRECTOR NAME ATTY H Witzke 4112 Columbia Rd, Filicott City MAPR 2 2 1983

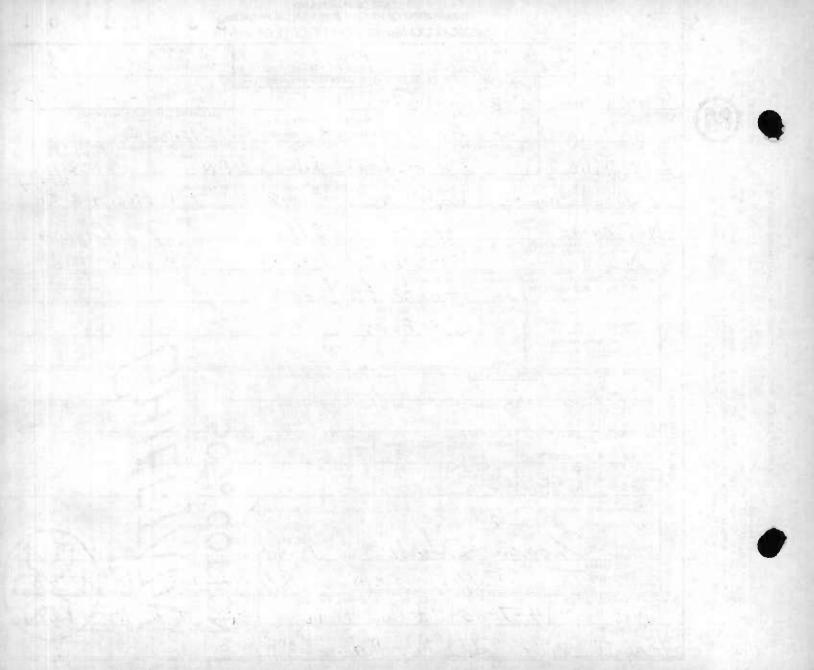
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STATE OF MARYLAND



2	1.	FOR STATE		IT OF HEALTH AND MENTAL		0761
		REGISTRAR CEASED NAME FIRST	MIDDLE	DHINGE	20. DATE KNOWN AND	ONTH DAY YEAR 2b. HOUR
PLEASE PECTOR. R FILES. HOURS STREET,	3. SE	Violet A. RACE	MONTH DAY YEAR LA	GE (IN YEARS IF UNDER 1 YR. IF UNDER 1 ST BIRTHDAY) MONTHS DAYS HOURS	DEATH MATED A	7-5 1983 M NYH DAY YEAR 24 HOUR 5 1983 925 M
	7e. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR	RIED . 9. BALTIMORE CITY OR CO	DUNTY OF DEATH
AV 15 N THE PAGE 301	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF W	OR INDUSTRY
IF ANY DELA R. AND 3 TO S. AND 3 TO S. AND 9 TO S. AND	USU. 13a. S	L RESIDENCE (IF IN NURSING HOME O	PROTHER INSTITUTION, GIVE RESIDENCE BEFOR	FEDERICK KCI:  E ADMISSION J  OWN J  STILL SIDE (ITY LIMITS?  YES NO SE	130. STREET ADDRESS OLD Fre	21794
.000	14. F.	NATHANIAL	MIDDLE PLAST	15. MOTHER'S MAID	010	LAST LAST
AFTER PRESIDENT SION	16a. \	VAS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)  16b. SOCIALS  219-2	ECURITY NO. 17. INFORMANT	hine Sykesvi	He Md.
HOURS AM 18. GIN WITH PAGE NE. DIVIS		PART I DEATH WAS CAUSED	ly ane cause per line for (4), (b), and BY:	ha failure	June ogress:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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SORI BE E JOIN AEDIA AS A	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN P.	ART 1 (a),	
AL AL	CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		20 AUTOPSY?
S CERTIFICATE SHOUTING THE WORD OF THE CHIE EPS SHOULD BE USE TO SHOULD BE USE PRIOR TO BRICK TO BRIRAL, S.		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		YEAR	ED LENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
= 2 4 0 F C	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME, 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a. I certify that I taak charg	e of the remains described above, he	eld an Autapsy , Inspection	Undetermined manner	ny apinian
CAL EXAMINEE THE CERTIFICAT SHOULD BE FOR ARA DIRECTOR RE, WITH THE RE, MARYLAND,		ACTUAL SIGNATURE	mus 2 Her	AM. DEM	4	ATE 4-5-83
MEDI CUTE SE 4 FUNE ER DE		EXAMINER'S NAME Thon	43 F. Herbe	M MD ADDRESS E	ratt Com M	A 21043
Bb——— BAT 7 PAG	9	Burial	3b. DATE 4-7-83 23c. NAME	View Cemetry	Marrettsville	HOWARD STAMD.
DHMH - 17 (VR A15 ME (5)) 15M 7/77	1	Hay W. Hay	ht Sykepulli	Md. PAPF	- 1000 1/ 0	R'S SIGNATURE Lahulh



11	FOR			DEDAR		E OF MARYLAND FEALTH AND MENTAL HY	GIENE 8 3	1 7	1 / 6
100	- STAT	E STRAR WITLE	ARD JACOB			FICATE OF DEATH		1 (	) / 0
	DECEASE		ARD JACOB	MIDDLE		LAST	REG. N	O. MONTH DAY	YEAR 26 HOUR
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3	3. SEX	COIL	4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR IF UNDER 24
CAD	m	ALF	Whit	0	MONT	H DAY YEAR	71	MONTH	S DAYS HOURS A
CIAN DA	a. BIRTHPL	ACE ISTATE OR FOREIGN		F WHAT COUNTRY	? 8		9 BALTIMORE CITY	YRS. OR COUNTY OF E	DEATH
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		TOWN OF DEATH	11. NAME OF		ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUSINESS
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5 0		CEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS	
be execu	No	R UNKNOWN) (IF YES	S. GIVE WAR OR DATES)	261-26-3	5141	Doris Sch	roll Same	as # 13	
	18 CA	USE OF DEATH Ent	er only one cause pe				- /		APPROXIMATE INTERVA BETWEEN ONSET AND DE
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been mit.	CERTIFICATION 180 D. 18	ATE OF OPERATION	196 CONE	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WEI	RE FINDINGS USED
he lo on.	Ĕ						YES T NOT	YES T	CAUSES OF DEATH?
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ATTEN ospitol eCTOR d for ut. of He m 21 is		w the deceased alix bove, (1) (we) (did) (di				nd that in (my) (aur) opinian	deoth accurred on the d	ate and hour and	
OR AT OR AT DIRECT Sched f Dept. of them 5		GNATURE	d not view the bad	y after death.	0.7	DEGREE			22c. DATE SIGNED
L 0 ±		7	The lu	Lull 1	in	ATTENDING	MEDICAL STA	FF	
			Court .	7			DIRECTOR   PHYSIC		
9 ± 9 5 0 T	22d. P	IYSICIAN'S NAME IT	YPE OR PRINTI.			1774 ADDRESS COLOR		11011 110 10	277
크루 크용한다		HYSICIAN'S NAME (T	YPE OR PRINTI			220. ADDRESS 5999	Harpers	Parak	ed.
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	1	STATE OF MARYLAND	1 2 1 12
	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	3 10/55
	I DE	ECEASED NAME FIRST, MIDDLE LAST 20 DATE OF	REG NO. F DEATH MONTH DAY YEAR 2b HOUR
y be	(TYP)	DENID OREN SMITH	4-2-83 3:56 AM
ge 4 moy ector, po urs offer o	3 SE		PARS LAST BIRTHDAY)  IF UNDER 1 YEAR 16 UNUER 24 HR.  MONTHS DAYS HOURS MIN  YRS
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of the form of the constitution of the constit	10°C	(TYPE OF WORLD	occupation keormost of working lift industry  Director Trucking
AND 212	130.	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. CITY OR TOWN 136. INSIDE CITY LIMITS?  ROUT  ROUT  137. REPRESENTED TO THE PROPERTY OF THE P	ADDRESS 2/043 te 108, Box 10431
MARYLL ed within mpletely ond 2 sh	14 F	oren Smith Is mother's maiden Name First Grace	(Unknown)
ALTIMORE, te be execut ite be execut con ond co pers. Poges 1 of the medicar		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 17 INFORMANT 216-05-3022 Gay Lewis, Car	ADDRESS OON Bridge, WV 26711
1 W. PRESTON ST., BALL hat the death certificate by the attending physical ose remove carbonpoper all, cremotion, or removal.		PART I, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate cause lost  Underlying couse lost  (c)  CARDIAC ARCET CARDIOCO  CARDIAC ARCET CARDIOCO  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	TION 3-14-82 (Zhweeks)
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OF VITAL CLAN: The g physicio artificote for and-tronsit ntol Hygie em 18 sho	ICAL CERT	21a ACCIDENT WAS UNDERLYING	
DIVISION OF VITAL  NG PHYSICIAN: The othending physicion fifer this certificate in os the bundal-tronsis in th and Mental Hygier orked or item 18 show	MEDIC	21d. INJURY OCCURRED  21e PLACE OF INJURY WHILE NOT WHILE AT WORK AT WORK AT WORK STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN 1. COUNTY STATE
TTENDI or or or for use of Heol	E	22a. I certify that (I) (this hospital) attended the deceased from	., 19, that (1) (we) lost and on the date and hour and from the causes stated
TAL OR AT' y the hosp RAL DIRECT defoched for orde Dept. o		22b. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF 4-2-83
TO HOSPITAL reformed by t TO FUNERAL should be deter with the Stote MPORTANT:		STEPHEN A. VICENTIMO 5755 Odor Con	e Colindia Hd. 210/4
BP	23a.	Burial 236. Date 236. NAME OF CEMETERY OR CREMATORY 236. LOCK CHYCLE 236.	R TOWN COUNTY STATE
DHMH - 16 60M 1/75 (VR A 15 (4))	24. F	iffin Funeral Home, Capon Bridge, WV APR 7	EGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 5	0/6/
	I. DECEASED NAME FIRST (TYPE OR PRINT)	sy s,	SMITH		83 145p
-	Female	4 RACE	5. DATE OF BIRTH	6 AGE (INYEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
1	VA 7-9-82	U.S.A.	MARRIED NEVER MARRIED !	Howard	M
1	Columbia	Howard Co. Get	ng HOME OR OTHER INSTITUTION  ADDRESS)  neral Hospital	12a USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	
	JSUAL RESIDENCE (IF NURSING HOME O 30. STATE 136 CQU	NTY 136 CITY OR TOW	13d. INSIDE CITY LIMITS: YES NO 1	10728 Faulkner	Ridge C 2104
1	Joseph  Ióa WAS DECEASED EVER IN U.S. AI	Steffe:	ns Joseph	MIDDLE	ussell
		218-24-			on, Md.
	PART I. DEATH WAS CAUSI	nly one couse per line for (o) (b), one ED BY: CARDIA TE CAUSE (o)	C ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ı	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ZITHIASUS		4R5.
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition give	EN IN PART 110
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY?  YES NOTE:	WERE FINDINGS USED YING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT J OR PART ?)
ı	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (this hosp sow the deceased alive or above, (1) (a) (did) (did)	ital) attended the deceased from		on death occurred on the date and hour	9, that (we) los and from the couses stated
	Mausi	man/mo		MEDICAL STAFF DIRECTOR   PHYSICIAN	4.11.83
	T.A. DADISM	NAN IR MD			maia mo
	230. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial		vame of cemetery or cremator odlawn Mem. Pa		Thot Md
	24 FUNERAL DIRECTOR	l Home Eas	ton, Md.	ATE REC'D. BY REGISTRAR 27 EGISTI	RAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

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4 do 000	echor, po	1	3 SEX	FEMALE	4 RACE WH	R	5 DATE O		2	GE (IN YEARS LAST BIRTI	HDAY) IF U	THS DAYS	HOURS MIN
1	nerol du	50	C	RTHPLACE (STATE OR FOREIGN DUNTRY)  Chigan	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		OWARD C			AAD
01	by the fur	potyfred	10 CI	TY OR TOWN OF DEATH		CH FACILITY, GIVE STREET	NG HOME (	ERAL HOSPI	12g	USUAL OCCUPATION OF WORK FOR MOST OF	NO		OF BUSINESS OR
ND 2120	filled in k	35	USU/ 13a S Ma	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY)	OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMIT		Fox G	rape Te	rrace	21044
MARYLA	npletely and 2 sh	36		THER'S NAME te James Allpo	middle ort	LAST		15 MOTHER'S MAIDER		MIDDLE		LAS	
IMORE, A	Poges 1	the medical	16a V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? E WAR OR DATES)	166 SOCIAL SECI	URITY NO.	Mrs Ann	Schlue	ADDRE ederberg		210 ox Gra	
IDS, 201 W. PRESTON ST.	signed by the attending p Then please remove corbant to burial, cremotian, ar rem	njury, or other troumatic eve	NO	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause last	DUE TO, C	PULMON PULMON OR AS A CONSEQU	ENCE OF	AR ACCINE ASSOCIATED I MBOLL + NOT RELATED TO THE	SEP:	5/3	DITION GIVEN	4/1/8	83
DIVISION OF VITAL RECORDS,	ion.  hos beer it permit.	Nows apy	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	NGS USED OF DEATH?
V OF VIT	ng ph rectif riol-t entol	Item 18 st		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110		AY YEAR	21c. HOW INJURY OC	CCURRED (	ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
OIVISION	ottendir fter this os the bu	orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
ATTENDA	haspital or RECTOR: A red for use pt. of Healt	21 is mo		220-1 certify that (1) (this hospi saw the deceased alive an above (1) we) (did) (did no	4/2	19	0.9	ocimarity, 19 End that in my (our) api		occurred an the do	te ond hour on		tha (I) (we) last causes stated
	At Dil	VT: If Iten		226. SIGNATURE John	JoSla	uch			AN DOIR	DICAL STAF	IAN 🗌	224. DATE	SIGNED
II ASOH O	retained by fi TO FUNERAL should be det with the State	MPORIAN		22d. PHYSICIANS NAME (TYES	CHI, HD	Pitol		220 ADDRESS 599		HD 2104		ン	
	BP	4	(:	urial, cremation, removal <b>Cremation</b>	April	4, 1983	WEst	EMETERY OR CREMATO	al Pk		ville		
	H · 16 60M 1/75 VR A 15 (4))		Ha.	rry H Witzke 41	12 Colu	mbiaRdss E	llicot	ct City 250	DATE REC	D. BY REGISTRAR	25b. REGISTRAF	S SIGNAT	URE

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and the state of t	MAN AND STATE			

P	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 0 7 6 9 CERTIFICATE OF DEATH REG. NO.			
4 moy be r, page 3 fter death		EASED NAME FIRST OR PRINT) RARBA	RA R	SULLIUAN  S. DATE OF BIRTH  DAY YEAR	20. DATE OF DEATH MONTH  HILL 83  6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 45 MM
death. Poge.	G	RTHPLACE (STATE OR FOREIGN DUNITRY)  CRMAN  TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNT  US A	RY? 8 MARRIED NEVER MARRIED   WIDOWED   DIVORCED   RSING HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COULT HOWARD	
filled in the could be filled in the could be filled in the filled in the could be filled in the fil	Co	LUMBIA LI RESIDENCE (IF NURSING TOTAL TATE	(IFNOT IN SUCH FACILITY, GIVE S  LOREIN)  OTHER INSTITUTION, GIVE RESIDENCE B	FORE ADMISSION)  13d. INSIDE CITY LIMITS?	(TYPE OF WORK FOR MOST OF WORKING HOUSE KIND FER	Hons
ted within omptetely and 2 sh		THER'S NAME FIRST HEOPHIL VAS DECEASED EVER IN U.S. AR.	widdle Ross MED FORCES? 1166 SOCIAL S	15 MOTHER'S MAIDEN N.	AME	HAPBECK
ion ond cirs. Poges	(1	ES, NO OR UNKNOWN) (IF YES, GIVE	204-3	2-2634 WILLIAM P.S	TULLIVAN SAM	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
40SPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate ned by the hospital ar attending physician.  FUNERAL DIRECTOR, After this certificate has been signed by the attending physicial be detoched for use as the burial-transit permit. Then please remove carbanpoper, the State Dept. af Health and Mental Hygiene prior to burial, cremation, or remaval.  ORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the	NOI.	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	D BY: E CAUSE (0)  DUE TO, OR AS A CONSI  (b)  DUE TO, OR AS A CONSI  (c)	CYTEMA OF BYZIN		7 years GIVEN IN PART 1(a)
	L CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	21b. TIME OF INJURY			YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (H) (this hasping the deceased alive on above 1) (we) (did) (did as 1) 5 JUST A TURE	wiew the body ofter death.		n death accurred on the date and  MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the couses stated  22c. DATE SIGNED  4-16-83
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State I IMPORTANT; if	230. (	Charles E.T. BURIAL, CREMATION, REMOVAL SPECIFY Cremation	23b. DATE 4/19/83	5999 Homeon 234 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cre	matory Brenty	
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F F	UNERAL DIRECTOR LEGK FUNERAL	HOME, INC ADDRESS	s 20707	PR 20 1983	GISTRAR'S SIGNATURE

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